Analysis of the Quality of Inpatient Health Services at Medan Haji General Hospital

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Abstract

Currently the hospital is innovating to increase the level of patient satisfaction indicators which are still a problem in the quality of health services. The purpose of this research is to raise issues related to the quality of inpatient services at RSU Haji Medan. The method used is descriptive analytic with a cross-sectional study design, namely through a sample of 189 people taken from 9818 populations through calculations using a categorical descriptive formula and drawn by purposive sampling, data collection is carried out based on direct interviews using a questionnaire instrument adopted from RISKESNAS Ministry of Health of the Republic Indonesia, after the survey was conducted, the data were analyzed by means of frequency and central distribution, statistical tests using the Spearman rho correlation, multiple linear regression. The results showed that the average patient was still in the dissatisfied category (mean = 150.79), the Spearman rho test stated that there was a relationship of all variables with the quality of inpatient health services p <0.05 with the highest correlation direction of 0.540 in the fairly strong category , Partially patient satisfaction has a value of t = 3.442 and has a coefficient value of 0.201, if there is an increase in patient satisfaction of 0.1%, the quality of inpatient health services will improve by 20.1%. This study concludes that constantly at 13.6% and simultaneously (F=34.835) influences the quality of inpatient health services, leaders and health human resources work together to build even better health services to improve service quality.

***Keywords:* Correlation, Hospital, Linear, Quality, Service**

INTRODUCTION

The quality of health services is the customer's perception of the services provided by a health agency, one of which is a hospital (Siregar et al., 2019). Hospitals are health care facilities that carry out health service activities and can be used for education of health workers and research (Novitasari, 2022). The main task of the hospital is to provide health services in the form of patient healing and patient recovery which are carried out in an integrated manner with promotion and prevention efforts (Rivai et al., 2022). The hospital, one of the nursing service institutions, is currently innovating to increase the degree of patient satisfaction with various efforts made by the hospital, various methods have been implemented in the hospital, the methods applied by the hospital to increase patient

Yusuf Hanafi Lubis dkk / Scientific Periodical of Public Health and Coastal 4(2),2022 , halaman 221-232

satisfaction include implementing several methods , namely the method of excellent service and service quality (Burgdorf, Wolff, Chase, & Arbaje, 2022).

Pratiwi (2022) states thatin the last 3 years (2017-2019) incomplete data was obtained in 2017 of 16.5%, 2018 of 19.2% and 2019 of 17.1% which is still higher than the minimum service standard of 5% (Pratiwi & Wibowo, 2022). In 2021 the community satisfaction index has increased to 86.35%, but the community satisfaction index is still not in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 129/Menkes/SK/II/2008 concerning Minimum Hospital Service Standards which states that community satisfaction is ≥ 90% (Nasiti et al, 2022).The ten dimensions of service quality that have been put forward by marketing experts are summarized into five main dimensions, including: Reliability, namely the ability to provide the promised service quickly, accurately and satisfactorily (Banke-Thomas et al., 2022). However, there are still some complaints from patients regarding health services at RSUHM (Simbolon & Maryanti, 2022).

According to Halawa, et al in their study obtained the results of interviews, namely 60% of patients complained about the services provided by RSUHM, both in terms of facilities, services provided by health workers, both doctors and nurses, mis-information provided by health workers and the absence of a one gate system in inpatient services (Halawa, Ginting, & Kurnia, 2022). Indah, et al also made observations in the medical record section of Haji Medan Hospital, they found that the accumulation of medical record files was caused because the filling of the medical record files had not been filled in completely by the doctor in charge and this could cause delays in returning the medical record files to the medical record unit, namely 1x24 hours after the patient returned home (Indah, Lumban, Mashito, & Nasution, 2022). Given how important it is to fill out medical record files and return medical record files to medical record units, it is very necessary to support doctors and medical record employees. They must be well aware of the importance of medical record files because it concerns patient disease identity data that must be kept confidential (Shilvira, Fitriani, & Satria, 2022). According to Rangkuti, et al of the class 3 inpatient room of Haji Medan Hospital, the availability of facilities affects the behavior of nurses in sorting infectious and non-infectious waste with a significance of 0.038. That is, the better the availability of facilities, the better the behavior of nurses in sorting medical waste (Rangkuti et al., 2022).

Implementation of computer-based services is expected to increase the speed of effective decision making so that the quality of patient services at Haji Hospital Medan will

Yusuf Hanafi Lubis dkk / Scientific Periodical of Public Health and Coastal 4(2),2022 , halaman 221-232

increase (Sapriadi & Lase, 2022). Problem with services at Haji Medan Hospital is due to the lack of optimal service related to communication in the physiological order, namely clarity about patient medical records by medical personnel doctors and nurses (Irmawati et al., 2022). Contribution of good patient care services will get positive feedback so as to improve better communication competence (Gultom, 2021).

Direct evidence includes physical facilities, equipment, personnel, and means of communication (Tunsi et al., 2022). In addition, hospitals must also provide quality health services at affordable prices to increase customer satisfaction and try to evaluate and capture all opportunities and increase their competitiveness (Simbolon & Sipayung, 2022). The Medan Hajj General Hospital (RSUHM), for example, is one of the regional hospitals managed by the North Sumatra Provincial Government with a B classification (Riyanto, Nyorong, & Syamsul, 2022). In order to compete, the Medan Hajj General Hospital (RSUHM) must be able to provide the best service to its patients (Halawa et al., 2022). Good service must be supported by the professionalism of its employees, qualified tools and equipment and a friendly environment for customers (Marhawati, 2022). Based on the background above, the researcher is interested in raising issues related to the quality of inpatient services at RSU Haji Medan.

METHODS

Study Design

This study uses a descriptive analytic approach with a cross-sectional study design, namely research that collects data over a period of time to obtain clear information regarding the research topic to be carried out by the researcher. This research was conducted at the Special UPTD Medan Hajj General Hospital, Deli Serdang Regency, Percut Sei Tuan District, North Sumatra Province which was carried out from September to October 2022. Data collection was carried out by researchers by collecting primary data through direct surveys of patients or families of patients who received and felt the services provided by Special UPTD officers at the Haji Hospital in Medan with purposive sampling that selected respondents who were found to be in accordance with the inclusion and exclusion criteria of the study. that isAre patients or families of patients who are cared for and receive inpatient services, are patients who are actually treated at the Special UPTD of the Haji General Hospital in Medan, are inpatients at the Special UPTD of the Haji General Hospital in Medan

Yusuf Hanafi Lubis dkk / Scientific Periodical of Public Health and Coastal 4(2),2022 , halaman 221-232

and patients aged 13-70 years. The exclusion criteria in this study were respondents who did not meet the 4 inclusion criteria.

Population and Sample

The population in this study is people who have experienced health services or inpatients at the Special UPTD Haji General Hospital Medan in 2022 totaling 9818 people. The design for taking the number of research samples is known to use a categorical descriptive study formula, namely:

$$n = \frac{Za^2 \ x \ p \ x \ Q}{d^2}$$

$$n = \frac{(1{,}96)^2 \ x \ 0{,}9818 \ x \ 0{,}5}{0{,}1^2}$$

$$n = \frac{3{,}8416 \ x \ 0{,}9818 \ x \ 0{,}5}{0{,}01}$$

n = 188.5 then it is completed to 189 people.

Based on the sample calculation above, it was found that the number of samples to be drawn was 189 people who would be surveyed based on the inclusion and exclusion criteria set by the researchers, so that the samples taken had passed the criterion review.

Data collection

The type of data used in this study is primary data. Primary data is data taken directly in the field through face-to-face interviews with the public who are the research target and are at the research locus. Primary data is needed to see or validate and obtain information related to the quality of inpatient services felt by patients at the Special UPTD Haj General Hospital Medan. Informed consent in writing to determine its availability to participate in this study.

Instrument

The type of data used in this study is primary data. Primary data is data taken directly in the field through face-to-face interviews with the public who are the research target and are at the research locus using a questionnaire adopted from RISNAKES Ministry of Health of the Republic of Indonesia (Ministry Of Health, 2018). Primary data is needed to see or validate and obtain information related to the quality of inpatient services felt by patients at the Special UPTD Haj General Hospital Medan.

Data analysis

After carrying out a direct survey of patients or families of patients who are inpatients at the Special UPTD Haji Medan General Hospital, then the data is transferred into a statistical-based application by going through the stages of data management according to the

Yusuf Hanafi Lubis dkk / Scientific Periodical of Public Health and Coastal 4(2),2022 , halaman 221-232

following steps: cleaning, coding, editing, and processing. After going through these 4 stages, normality tests were performed using Kolmogorov-smirnov and the data were normally distributed and then, data were analyzed descriptively categorically by looking frequency distribution, mean (mean), standard deviation, then statistical test through Spearman rho correlation and multiple linear regression.

dL	: 1.7189	4-dL	: 2.2811
dU	: 1.8053	4-dU	: 2.1947

Table 1. Durbin-Watson Test Results

Model	R	R Square	Adjusted R Square	Std Error	Durbin-Watson
1	0.656	0.431	0.419	3,372	1,661

The results of the autocorrelation test using Durbin-Watson obtained a score of 1.661 (Table 5.5). The Durbin-Watson test value is entered into the next stage, namely a comparison with the 5% significance table value (Table 1). Based on the classification of Durbin Watson values, namely a = 5%, k = 4, n = 189, the Durbin-Watson value (1.661) is between dU (1.8053) and 4-dU (2.1947). So, it can be concluded that the null hypothesis is accepted or can be interpreted as there is no autocorrelation in testing the classical assumptions on the variables of patient satisfaction, confidentiality of patient information, the right to choose health services and the quality of health service places (Figure 1).

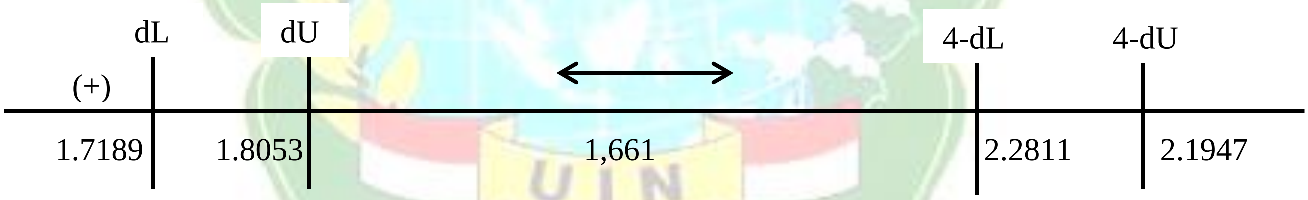


Figure 1. *Durbin Watson Asumption Test*

RESULTS

Characteristics of Respondents

The reported results obtained > 50% of respondents aged over 25 years, female, married, had a history of recent education, namely graduating from high school, working, being cared for in a class 3 treatment room, being the first experience of being treated at this hospital. However, <50% of respondents answered that their reason for choosing this hospital was to get health services because the location was easy to reach, the means of transportation used to get to the hospital were two-wheeled vehicles (bicycles, motorbikes), and the source of funds used to get health services through BPJS. Non PBI health (Table 2).

Yusuf Hanafi Lubis dkk / Scientific Periodical of Public Health and Coastal 4(2),2022 , halaman 221-232

Table 2. Distribution of Demographic Characteristics (N=189)

Variable	Frequency	Percent
Age		
<25 years	45	23.8
>25 years	144	76.2
Gender		
Man	88	46.6
Woman	101	53.4
Marital Status		
Not married yet	29	15.3
Marry	141	74.6
Divorced	10	5.3
Death divorce	9	4.8
Last education		
Not going to school	12	6.3
Graduated from elementary school	12	6.3
Graduated from junior high school	22	11.6
Graduated from senior high school	103	54.5
Graduated from college	40	21.2
Job status		
Work	124	65.6
Doesn't work	59	31.2
School	6	3.2
Class Treatment		
VIPs/VVIPs	8	4.2
Class 1	40	21.2
Grade 2	46	24.3
Grade 3	95	50.3
The First Experience Was Treated In The Hospital		
Yes	121	64.0
No	68	36.0
Reasons for Choosing a Hospital to Get Health Services		
Friends/Family	51	27.0
Recommendations	1	0.5
Reputation	61	32.3
Easily Reachable Location	5	2.6
Complete Facilities	8	4.2
Affordable prices	44	23.3
Guaranteed Insurance	19	10.1
Doctor Compatibility		
Means Of Transportation Used Toward The Hospital		
Walk	2	1.1
Two wheels	89	47.1
Tricycle	14	7.4
Wheel four	84	44.4
Sources of Cost to Obtain Health Services		
BPJS Kesehatan PBI	66	34.9
Non-PBI Health BPJS	78	41.3
Regional Health Insurance	5	2.6
Healthy Indonesia Card (KIS)	16	8.5
Own cost	15	7.9
Private Health Insurance	9	4.8

Yusuf Hanafi Lubis dkk / Scientific Periodical of Public Health and Coastal 4(2),2022 , halaman 221-232

Factors Affecting the Quality of Inpatient Health Services

There are several scores on the measured variables, namely score 1 = strongly agree, score 2 = agree, score 3 = neutral, score 4 = disagree, score 5 strongly disagree. The results of the study on the satisfaction variable show that the average patient is still in the dissatisfied category (mean = 150.79). Furthermore, it is known that the average health worker has maintained the confidentiality of patient information in the good category (mean = 117.99), the average patient is given the right to choose health services in the easy category (mean = 146.56), seen from the quality of the place the average inpatient health service is in the good category (mean = 147.09), the average inpatient health service quality is said to be in the good category (mean = 126.46) (Table 3).

Table 3. Distribution of Factors Affecting Service Quality Inpatient Health (N=189)

Variable	Means	std. Deviation	95% CI
Patient Satisfaction	150.79	501.26	143.92-158.20
Confidentiality of Patient Information	117.99	385,12	112.70-124.34
The Right to Choose Health Services	146.56	500.14	139.68-154.48
Quality of Health Service Places	147.09	500.48	140.74-155.03
Service Quality	126,46	442.27	120.63-133.32

The results of the Spearman Rho statistical test stated that overall the variables namely patient satisfaction, confidentiality of patient information, the right to choose health services and the quality of health service places had a significant relationship with the quality of inpatient health services with a value of p = 0.000 <0.05 (sig α = 5 %) with the highest positive correlation direction of 0.540 can be said to be strong enough so that the quality of inpatient services is still said to be good (Table 4).

Table 4. Spearman Rho Analysis For Factors Associated with Quality Inpatient Health Services (N=189)

Variable	Coefficient Correlations	P-Value	Std. Error	95% CI
Patient Satisfaction	0.494*	0.001	0.053	0.037-0.059
Confidentiality of Patient Information	0.469*	0.001	0.077	0.030-0.061
The Right to Choose Health Services	0.522*	0.002	0.055	0.040-0.062
Quality of Health Service Places	0.540*	0.001	0.052	0.042-0.063

*Interval Correlation (0.40-0.599)

The partial and simultaneous multivariate test results in multiple linear regression reported that all variables had a significant relationship with the quality of inpatient health services p 0.017 <0.05. Partially patient satisfaction has a value of t = 3.442 and has a coefficient value of 0.201 so that it is stated that if there is an increase in patient satisfaction by 0.1%, the quality of inpatient health services will improve by 20.1%, the confidentiality of patient information is known t = 3.773 with coefficient of 0.271, if health workers maintain

the confidentiality of patient information by 0.1%, then the quality of service will increase by 27.1%, the right to choose health services t = 1.865 and the coefficient is 0.129.

Furthermore, a constant simultaneous test of all variables is known to have a value of F = 34.835, so the regression model can be used to predict an increase in the quality of inpatient health services or it can be said that the four independent variables are patient satisfaction, confidentiality of patient information, the right to choose health services and quality of the place health services jointly affect the quality of inpatient health services at the Special UPTD Haji Medan General Hospital (Table 5).

Table 5. Multivariate Analysis of Factors Associated with Quality of Inpatient Health Services

Variable	B	std. Error	Betas	T*	F	P-Value**	95% CI
Patient Satisfaction	0.201	0.059	0.228	3,442		0.001	0.086-0.317
Confidentiality of Patient Information	0.271	0.072	0.236	3,773		0.000	0.128-0.414
The Right to Choose Health Services	0.129	0.069	0.146	1,865		0.006	-0.008-0.266
Quality of Health Service Places	0.215	0.067	0.243	3,206		0.002	0.083-0.347
Constant	0.136	0.100		1,363	34,835*	0.017	-0.061-0.332

**partial and simultaneous test **p-value significant*

DISCUSSION

It is known that the results of the study on patient satisfaction are one of the factors with an assumed coefficient value of 20.1% which can affect the quality of inpatient health services. This is in line with research conducted by Rivai et al. According to them, patients who chose the category of good quality and quality of service were 49.3%, this stated that patients were satisfied with the services provided (Rivai et al., 2022).

The next factor that is known as one of the causes of the quality of service is the confidentiality of patient information with an assumed coefficient value of 27.1% which can affect the quality of inpatient health services. According to a study conducted by Wang, et al that most visits in all groups are covered by Medicare (51.3%) and it is known that the level of confidentiality of patient information both medically, insurance and others is 28.9%, all variables have a P value <0.001(Wang et al., 2022).

Third, namely the right to choose health services is known to have a coefficient value of 12.9% and t = 1865 means that this factor has a significant influence on the quality of inpatient health services. The study results are also in line with Ranabhat & Jakovljevic's research, namely there is a menu-based healthcare practice, and each client/patient can choose additional services. During a hospital stay, there may be advanced services for those

who can afford them. These menus are mostly in private health care facilities (Ranabhat, 2022).

Lastly, the quality of health service places has a coefficient of 21.5% t = 3.206 it can be concluded that this factor can also significantly influence the quality of inpatient health services. This is in line with research conducted by Mkperedem, et al, namely as many as ninety one respondents who had a good perception and also saw the attitude of the medical staff as very good and good was higher than those with very high perceptions t this observation because of the calculation of $\chi 2$ (16) = 82.265 higher than the chi-square table ($p > 0.01$). Therefore, the null hypothesis, which states 'there is no significant relationship between the quality of the attitude of medical staff' and perceptions of enrolees', is rejected, and the alternative hypothesis which corroborates that 'there is a significant relationship between the quality of the attitude of medical personnel and the perception of acceptance' (Mkperedem et al., 2022).

The Quality of Care Commission (CQC), the independent regulator of health and social care services in the UK, noted a trend following recent inspections that NHS provider organizations with outstanding CQC ratings have implemented QI at large scale Systematic implementation of QI at large scale in providing organizations The NHS has needed co-investment to sustain the process of establishing trans culture, to monitor the developmental stage of this process an organization-wide picture of QI applications and impact is required. This helps the organization's executive board commit to a long-term perspective on the investments made in QI infrastructure, a key theme in emerging reports on QI success in NHS provider organizations (Chua et al., 2022).

The solution to this problem was reported from the study by Mozola, et al. According to them, officers still have tomonitor and improve patient flow, understand the operation of the system and focus on activities performed directly during patient inpatient care and on ancillary processes whose function of ensuring shorter hospital stays (rehabilitation, transport, and out-of-patient care) is required. In addition, the adoption of new methods of hospital bed management, in which standardized reports and activities of specific organizational units allow central management of bed availability and quick intervention if problems arise, can contribute to better efficiency and performance of healthcare institutions (Zdęba-Mozoła et al., 2022).

Research Aoki, et al reported thatinvestigated the association between an overall measure of primary care attributes (assessed by the JPCAT total score) and hospitalization.

After adjusting for possible confounders, the JPCAT total score showed a dose-dependent relationship with decreased hospitalization (adjusted odds ratio [aOR]=0.37; 95% CI, 0.16–0.83) for the highest quartile of the JPCAT, compared with no usual source of care, association of JPCAT domain scores with hospitalization. Although the dose–response relationship was unclear, all associations between each JPCAT domain score and hospitalization were statistically significant when comparing the highest quartiles without the usual source of care (Aoki et al., 2022).

CONCLUSION

Patient satisfaction, confidentiality of patient information, the right to choose health services and the quality of health service places significantly influence ($p < 0.05$) with a coefficient value that is significantly constant at 13.6%. affecting the quality of inpatient health services, and also the four indicators above have a fairly strong correlation direction with the highest Spearman rho value on the quality of health service settings, namely 0.540 (95 %CI: 0.042-0.063).

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